

FEASIBILITY STUDY: INTEGRATION OF HIV/AIDS SERVICES WITHIN THE HEALTH SYSTEM OF UKRAINE

September 2012

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Submitted to: Enilda Martin

Deputy Director of Health and other Social Issues Department
United States Agency for International Development/Ukraine

Scott Stewart, AOTR
Health Systems Division
Office of Health, Infectious Disease and Nutrition
Bureau for Global Health
United States Agency for International Development

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Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | P: 301.347.5000 | F: 301.913.9061
| www.healthsystems2020.org | www.abtassociates.com

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CONTENTS

Contents.....	v
Acronyms.....	vi
Acknowledgments.....	vii
Executive Summary	ix
1. Background.....	1
2. Objectives	2
3. Study Design and Methodology	2
4. Findings	4
4.1 Legislation/Stewardship	4
4.2 Service Delivery	6
4.3 Financing.....	10
4.4 Monitoring and Evaluation (M&E).....	13
5. Next Steps	14
Annex A: Feasibility Study Framework	17
Annex B: Draft Action Plan.....	23
Annex C: List of Persons Contacted	29
Annex D: Bibliography.....	31

LIST OF TABLES

Table 1. Activities and Stakeholders under Legislation/Stewardship Component.....	5
Table 3. Activities and Stakeholders Under the Financing Component	13
Table 4. Activities and Stakeholders under the M&E Component.....	14
Table 5. Estimates of Costs of Pilot Scenarios	15

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CD4+	Cluster of Differentiation 4
CDC	Centers for Disease Control
FPs	Family Practitioners
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
M&E	Monitoring and evaluation
MARP	Most At-Risk Population
MOH	Ministry of Health
NGO	Nongovernmental Organization
PHC	Primary Health Care
PITC	Provider-initiated testing and counseling
PLWHA	People Living with HIV/AIDS
TB	Tuberculosis
UFMTC	Ukrainian Family Medicine Training Center
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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EXECUTIVE SUMMARY

Starting in 2010, Ukraine has made some bold steps in implementing health reform activities in the four pilot regions of the country. However, these health reform activities do not include any link to needed reform in the delivery of HIV/AIDS services in Ukraine. Previous studies by the United States Agency for International Development (USAID)-funded Health Systems 20/20 project and studies by the World Health Organization (WHO) indicate that HIV/AIDS care is delivered in such a way that it contributes to stigmatization of HIV patients by not allowing the primary health care (PHC) system of the Ukraine health system to address even their most basic clinical needs. Furthermore, the continuation of a completely vertical HIV/AIDS prevention and care system will come under even more scrutiny considering the likelihood that international funding for Ukraine based HIV/AIDS activities will diminish in the future. The Government of Ukraine (GOU) realizes that in order to make its response to HIV/AIDS more cost-efficient, it must include PHC more fully as part of the response (Cowley & Akkazieva 2012).

The need for integrating HIV/AIDS services more fully into PHC is immediate since many innovative tools for making integration possible are now being tested in PHC health reform sites. Lessons learned from implementing these tools could be shared from health reform sites to sites where health managers are moving towards better integration of HIV/AIDS services into PHC efforts. This study is a natural step in assisting the Ukrainian government's wish to make its HIV/AIDS response more cost-efficient, less stigmatizing, and more effective. Health Systems 20/20 has assisted the GOU and other stakeholders in realizing the need for combining current health reform efforts with the need for reforming HIV/AIDS services with the following studies:

- “Ukraine Health System Assessment 2011” (Tarantino et al 2011); and
- “Optimization of HIV/AIDS Services within the Context of Health Care Reform in Ukraine” (Cowley & Akkazieva 2012).

The first study provided an assessment of the strengths and weakness of the Ukraine health system, as well as the context and details of health system reform efforts currently underway. The second provided an analysis of the need for health reform in the HIV/AIDS arena. This study goes one step further and outlines the feasibility and associated action plan of an HIV/AIDS optimization program to be implemented in Chernihiv Oblast and in consideration of PHC reform efforts currently underway in Ukraine.

Based on the desk review and interviews is the authors of this report conclude that it is feasible to create an enabling environment in Chernihiv Oblast for implementing a pilot test of needed HIV/AIDS program optimization. This pilot test could concentrate on making certain that specified HIV/AIDS services can be delivered thru the PHC system and therefore increase the overall cost-efficiency and sustainability of the HIV/AIDS response. In particular, this feasibility study points to the probable good uptake of the Oblast AIDS Center of expanded responsibilities to include mentoring and oversight of the PHC and Trust Office-based HIV/AIDS efforts. The draft action plan included herewith has been vetted and well-received by key stakeholders, and the estimated costs of a pilot do not appear to be insurmountable.

I. BACKGROUND

In response to a request from the USAID/Ukraine Mission, the USAID-funded Health Systems 20/20 Project conducted a Health System Assessment (2011) in order to identify strengths and weaknesses in the Ukraine health system, focusing on HIV/AIDS, tuberculosis (TB), and family planning; develop recommendations to inform USAID/Ukraine's health programming; and review the Government of Ukraine's draft health reform plan (Tarantino et al 2011). The Health System Assessment was conducted from January to April 2011. Two key recommendations from the assessment were to support further integration of HIV/AIDS services into primary health care (PHC) and develop a national model for delivering HIV/AIDS services.

In April 2012, Health Systems 20/20 conducted a further assessment of the potential risks and opportunities for the effective delivery of HIV/AIDS services in the context of health care system reform currently underway in Ukraine (Cowley & Akkazieva 2012). Making HIV/AIDS services in Ukraine more cost-efficient and rational integration of services were explicitly considered in this assessment and its resulting recommendations. The study also included recommended performance indicators that government can use to monitor the performance of HIV/AIDS service delivery optimization in Ukraine.

The assessment "Optimization of HIV/AIDS Services in the Context of Health Reform in Ukraine" was discussed and validated during two days of workshop meetings held in Kiev, Ukraine on July 3 and 4, 2012. Attendees included health managers from six regions, national government representatives and international development partners. Participants discussed the recommendations and agreed on a number of priority areas for national attention, including the establishment of a working group to further consider HIV service integration in the context of the health reform agenda. A primary outcome of this round table was a list of priorities as follows:

1. Address legislative issues related to transferring information on HIV status for clinical purposes;
2. Develop algorithms for HIV/AIDS patient management by level with sufficient flexibility for regional variations;
3. Build the capacity of primary care level to address prevention and basic HIV/AIDS care;
4. Investigate alternative ways to procure HIV testing kits including express test at the oblast level for Family Practitioners (FPs);
5. Add HIV/AIDS indicators to PHC performance incentives;
6. Enhance the role of AIDS Centers (potentially to manage Trust Offices as outlined in the WHO Zakarpatiya Study); and
7. Implement Social Orders for social services and nongovernmental organizations (NGOs) for outreach services.

As a result of the workshop, it was agreed to carry out a follow-up feasibility study building on the previous two studies and providing a detailed action plan for implementing HIV integration into PHC and enhancing the role of AIDS Centers within the context of health reforms underway in Ukraine. This feasibility study explored the HIV specific services that could be delivered at PHC level, their mechanisms for delivery, and the financing and capacity development changes that may be required to make this integration a reality. For this exercise, upon the recommendation of the Ukrainian AIDS

Center , USAID, in consultation with WHO, chose Chernihiv Oblast as the practical location on which to base this pilot action plan . In particular, Chernihiv Oblast was chosen for the following reasons:

- Strong interest of the leadership there;
- It is not one of the health reform pilot oblasts, and thus leadership will not have their efforts diluted by also implementing reform efforts; and
- The action planning can borrow tools of PHC reform from the reform initiative, yet pursue integrating HIV from the very beginning as opposed to trying to integrate after the reform process has begun in the absence of attention to HIV.

2. OBJECTIVES

The purpose of this feasibility study was to investigate what activities identified within the framework of recommendations outlined in the “Optimization of HIV/AIDS Services in the Context of Health Reform in Ukraine” study were feasible to implement and pilot in Chernihiv Oblast. A secondary objective, after determining which activities were possible, was to develop a draft implementation plan. Moreover, the study includes suggestions for potential funding sources and draft estimation of the amount of funding needed to implement the draft action plan in Chernihiv Oblast. If well documented, a program to optimize HIV/AIDS service delivery provision in Chernihiv Oblast would be of great assistance not only to other oblasts and the Government of Ukraine as it continues its health reform process, but also to international agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) or other countries facing similar challenges. Unfortunately, there is little practical experience on how to integrate HIV/AIDS services into existing PHC and hospital-level structures. It is hoped that any efforts and achievements in Chernihiv Oblast would assist in expanding the body of evidence for HIV/AIDS integration efforts globally.

3. STUDY DESIGN AND METHODOLOGY

To achieve the main objective identified with this feasibility study, the team began with a desk review of existing documents including legislation, and then applied a qualitative research approach.

A desk review of the following documents was conducted:

- Chernihiv Oblast HIV/AIDS Operational Plan 2011-2013
- Chernihiv Oblast AIDS Program Description for 2009-2013

- Chernihiv AIDS Center Charter
- Ministry of Health (MOH) Order #72 dated 23.02.2001 on approval of documents related to Family medicine issues including defining of qualifications/skills of FPs
- “Typical curriculum and programme specialization (internship) graduates from medical schools for accreditation on the specialty of “General practice of family medicine”, the MOH, National Medical Academy of Postgraduate Education named after P.L. Shupik, Lviv State University named after D.Galizkii and Kharkov Medical Academy of Postgraduate Education (2006)
- Order #308/519 dated 05.10.2005, “Formation of salaries in health and social security facilities.”, issued by the Ministry of Labor and Social Policy and MOH (revised several times, last revision in 2012, #349/429)
- Draft¹ Social Order Methodology Guidelines (Ministry of Social Policy of Ukraine, 2012)

Second, a study framework was developed considering the seven priorities identified at the round table in July 2012 (see above). This framework includes a list of questions and also a list of main interviewed stakeholders at the national/subnational levels and international organizations. See Annex A for a full description of the framework and Annex C for a list of persons interviewed. Based on this framework, key informant interviews were conducted with personnel from the following organizations:

- State Services for HIV/AIDS, TB and Other Socially Dangerous Diseases
- Ukrainian AIDS Center
- Family Doctors Association (in Kiev City)
- Ukrainian Family Medicine Training Center (UFMTC) under National Medical University named after O. Bohomolets
- Centers for Disease Control (CDC)
- All-Ukrainian Network of People Living with HIV/AIDS (PLWHA)
- Coalition of NGOs Providing HIV Services in Ukraine
- Chernihiv Oblast Administration
 - Health Department
 - Finance Department
 - Labor and Social Security Department
- Chernihiv Oblast Center on Provision of Services for Family, Children and Youth
- Chernihiv City Department on Provision of Services for Youth
- Chernihiv Oblast AIDS Center
- PHC providers (FPs) in Chernihiv Oblast:
 - In Chernihiv City, two FPs working in two City Hospitals
 - In Nizhin City, two FPs working in one City Hospital

¹ Developed with TA from USAID| HIV/AIDS Service Capacity Project in Ukraine through the Sub-agreement with the Coalition of HIV servicing organizations

- In Chernihiv Rayon, two FPs in Sednev and StaryiBelovoz villages working in one Rayon Hospital

HIV/AIDS NGOs active in Chernihiv Oblast “Vozrozhdenie Natsii”, Chernihiv PLWH Network, “Peremoga” and a representative from the Red Cross.

4. FINDINGS

The findings of the feasibility study are presented around key components of health system such as legislation/stewardship, service delivery, financing and monitoring and evaluation (M&E). The activities presented below provide an opportunity to optimize the HIV/AIDS response in Ukraine in order to:

1. Improve HIV positive detection;
2. Improve access and quality of HIV/AIDS services;
3. Improve the cost-efficiency of the HIV/AIDS response; and
4. Increase the sustainability of the HIV/AIDS response.

The ongoing piloting of health reforms and plans to roll out these reforms in the upcoming years offer a window of opportunity in terms of timing to also pilot optimization of the delivery of HIV-related services.

4.1 LEGISLATION/STEWARDSHIP

4.1.1 SHARING INFORMATION ABOUT HIV POSITIVE STATUS

A first step in integrating several HIV services into PHC delivery is to develop a mechanism to transmit information about HIV-positive status to FPs. See Sub-section 1.2. for a list of HIV services that are proposed to be integrated. One of the findings of the optimization study (Cowley & Akkazieva 2012) is that it is necessary for FPs to get information about HIV-positive status of their patients otherwise there is not sufficient incentive for them to deliver basic treatment of opportunistic diseases to HIV-positive patients. The existing legislation (Law of Ukraine “On Prevention of Spread of Diseases Caused by Human Immunodeficiency Virus (HIV), Article 6&9) about transmitting information of HIV-positive status is vague and is often interpreted in a very conservative way. MOH Order #415, regarding carrying out voluntary counseling and testing (VCT) and signing of informed consent, suggests that information about HIV status is confidential. As a result, the practice observed in Chernihiv Oblast is the following:

- FPs carry out HIV pre-test counseling, blood is taken at the same facility, and blood is transported to the oblast AIDS Center; and
- Positive results of the HIV test are sent back in a closed envelope to the head of the hospital who then passes this envelope to the hospital-based infectious disease specialist (“infectologist”) who carries out post-test counseling and informs the patient of his or her status. As it was reported by head of health facility and the infectious disease specialist, such practice is in place in order to

control the quality of post-test counseling. However, this practice prevents the FPs to know important information that needed while providing health services to an HIV positive patient.

In fact, MOH order #415 (paragraph 3, Section 4) states: “...*pre-test and post-test counseling is recommended to be done by one counselor...*”. In other words, if a FP provides pre-test counseling; it’s advisable that he/she provides post-test counseling too. However, the situation observed on the field (post-test counseling provided by the infectious disease specialist) is rather the practice/rule that has been developed by the head of health facilities. The main reasons for organizing such practice are (1) better recordkeeping and tracking of HIV positive patients and (2) reduce the workload of FPs including no need to possess knowledge and skills on post-test counseling.

There is great confusion as to order #415 as witnessed by these typical comments: The FP who carried out the HIV pre-test counseling is not informed about his or her patient’s status unless it is by the patient themselves. The reason why this information is not shared with the FP is because “...it is not allowed by the above mentioned Law and Order #415 and this is how it has always been ...” (according to FPs interviewed in Chernihiv Oblast). FPs report that if they were informed of their patients’ HIV-positive status, it would be tremendously helpful in their provision of clinical care to those patients. The study team, as a result, identified the need to clarify the Order #415 by including a clear informed consent and to develop a clear mechanism to transmit information about HIV status to those FPs who carry out HIV pre-test counseling. Moreover, it is needed to change the practice in the field by clarifying the MOH Order #415.

A Working Group on HIV counseling and testing was established within the State Service of Ukraine on Social Diseases that is currently revising the official guidance on informed consent. At minimum, information should be disseminated about informed consent and how to allow for a patient to share their status with not only the Trust Office, Infectious Disease specialist (“infectionist”) and Hospital Director, but also with their FPs.

4.1.2 FP’S SKILLS CRITERIA AND JOB DESCRIPTION

This study also identified the need to revise the official skills criteria and job descriptions of FPs in order to pursue integration of appropriate HIV/AIDS services. This could be done at the national or oblast levels and is necessary because current skills criteria and job descriptions are often vague and broad. At the national level, the Family Practitioners Association in Kiev city could revise national-level MOH Order #72 that describes the job, qualifications, and skills of FPs by including the statement “FP should be able to carry out HIV pre- and post-test counseling and deliver basic treatment for HIV-positive patients (including helping to prevent and manage simple opportunistic disease and providing antiretroviral (ARV) refills).” While FPs are not prohibited from carrying out HIV/AIDS detection and simple care, the non-inclusion of it in job descriptions and skills criteria in effect means that FPs will not perform these services. In Chernihiv Oblast it was noted that a FP’s job description could be revised by the Oblast Chief Family Practitioner who is under Health Department of Chernihiv Oblast Administration in collaboration with the head of any health facility (such as a hospital) that would be included in any program pilot.

A list of legislative activities and the main objectives of these activities are presented below in Table I. For the detailed action plan, please see Annex B.

TABLE I. ACTIVITIES AND STAKEHOLDERS UNDER LEGISLATION/STEWARDSHIP COMPONENT

Objective	Activity	Level of responsibility
Improve HIV positive detection	Develop information, education and communication (IEC) materials for HIV consent form that allows for results to be shared with FPs who perform provider-initiated testing and counseling (PITC) for medical reasons	National Oblast
Improve access and quality of HIV/AIDS services	Review and approve the qualification/skills criteria/job description of FPs	National Oblast

4.2 SERVICE DELIVERY

To improve access to and quality of HIV/AIDS services in Ukraine, the following HIV/AIDS services could be delivered by a FP:

- HIV pre-test counseling and taking blood at the same PHC facility;
- HIV post-test counseling and registering HIV-positive persons at the PHC facility;
- Providing treatment of basic conditions and some opportunistic infections;
- Monitoring of stable HIV-positive patients for clinical signs of AIDS; and
- Refilling ARV prescriptions.

In an optimal scenario and where warranted and desired by the patient, a FP could do VCT and be the one telling the patient their status. If positive, the FP would be responsible for ensuring that their patient is seen at the Chernihiv Oblast AIDS Center for clinical staging (CD4+, viral load, etc.). Once stable, the patient could be referred back to the FP for follow up in close coordination with the AIDS Center. This coordination between FP and AIDS Center would ideally encompass the FP assisting in refilling basic ARV prescriptions for stable AIDS patients.

Currently, there are approximately 200 FPs in Chernihiv Oblast, which comprises about half of all PHC-level medical specialists (termed district doctors). There are about 800 mid-level nurses at the PHC level. The FPs have undergone six-month re-trainings as “family medicine” specialists. Most of the interviewed FPs in Chernihiv Oblast did not remember if they had any discussions or modules on HIV/AIDS during the trainings. The representative from the Family Practitioners Association (Kiev City) stated that these re-training courses include only six hours on HIV/AIDS. Therefore it is not a surprise that re-trained FPs recall only limited information about HIV/AIDS issues. It should be highlighted that among all interviewed FPs in Chernihiv Oblast there was one FP who graduated from the National Medical University as a Family Practitioner specialist last year (18-month course). This FP has a solid knowledge about the HIV/AIDS curriculum taught at the University. He reported that there is one entire module on HIV/AIDS issues.

4.2.1 TRAININGS

The UFMTC under the National Medical University named after O. Bohomolets currently has a one-week module “Topical HIV/AIDS Problems in PHC.” This module is for FPs who have been re-trained as “family medicine” specialists. Upon the request of the health administration in any oblast, the UFMTC conducts this training on-site. It has been introduced since 2009 as an initiative of the Coalition of NGOs Providing HIV/AIDS Services. At the end of the trainings, FPs receive a certificate of graduation of this module from UFMTC. The tuition fee of the training is 300 UAH. Notably, no FPs from Chernihiv Oblast have participated in this one-week HIV/AIDS training.

Two approaches to training were discussed during the feasibility study in Chernihiv Oblast:

1. Expand the existing one-week UFMTC module "Topical HIV/AIDS Problems in PHC" (UFMTC) or develop a completely new 'stand alone' two-week in-service training module on HIV/AIDS. The revised/new training should be two weeks in duration with practical exercises carried out in collaboration with Chernihiv AIDS Center. This process could be implemented by UFMTC in collaboration with the Family Practitioners Association (Kiev City), the All-Ukrainian AIDS Center, and the Chernihiv AIDS Center.
2. Ensure that longer term pre-service FP trainings (such as 6 and 18-month course) include a specific module on HIV/AIDS topics. This could be done in collaboration with the Family Practitioners Association (Kiev City), the All-Ukrainian AIDS Center and UFMTC.

Additionally, there are other trainings on HIV/AIDS issues that are being carried out in Ukraine. Currently, the CDC supports the development of training in order to build the capacity of AIDS Centers and Trust Offices in service delivery. In particular, the training covers ARV treatment and the treatment of other opportunistic diseases. These trainings should be implemented rapidly. Already, five training sessions are planned through March 2013. Trainings include several modules such as basic ARV treatment, advanced ARV treatment, and ARV treatment for children and pregnant woman. The Lavra National Training Center is in charge of developing these training programs in collaboration with ITECH Center (USA). Additionally, one sub-national training center has already been established in Vinnytsya Oblast and another one is planned to be established in Zaporizhzhya Oblast. These sub-regional training centers will be funded from CDC and GFATM Round 10 funds. This CDC project is a four-year project beginning in 2012. As this project matures, it is hoped that PHC as well as the AIDS Center and Trust Offices in Chernihiv Oblast may benefit.

4.2.2 HIV/AIDS PATIENT MANAGEMENT ALGORITHM

Indeed, there are several MOH orders developed and approved on HIV detection² and determining the procedure for testing, treating, caring and supporting people living with HIV, including ARV and further patient management treating with ARV³. However, it is recommended to develop an HIV prevention and HIV/AIDS patient management algorithm as one document considering proposed mechanism of FPs involvement in provision of HIV/AIDS services. This, algorithm should include how the FP should carry out prevention activities, including provider-initiated testing and counseling (PITC) and a detailed description of a pathway of an HIV-positive and AIDS patient between levels of service delivery. This algorithm could be developed at the national and oblast level. At the national level, the general algorithm could be developed together with the Family Practitioners Association (Kiev city) and the All-Ukrainian AIDS Center. At the oblast level, AIDS Centers should develop an algorithm tailored to their oblast context and possibly based on the general national algorithm. It is important that the revised short course (two weeks) and longer term trainings for FPs reflect the newly developed HIV/AIDS patient management algorithms. In fact, the Head of Chernihiv AIDS Center already has developed a draft algorithm that could be used as a foundation for this effort. It should be noted that an oblast-level algorithm does not necessarily have to wait for a national-level algorithm to be completed before proceeding.

² MOH order #1141 of 21.12.2010 "On approving the Procedure for HIV testing and ensuring the quality of testing, forms of source records on HIV testing, and instructions on completing the forms".

³ MOH order #551 of 12.07.2010 "On approving the clinical ART protocol for adults and adolescents".

4.2.3 PROVISION OF FPS WITH RAPID TEST KITS

To improve detection of HIV-positive people, it is proposed to provide the FPs with rapid HIV test kits. Some of the interviewed FPs in Chernihiv Oblast reported that about one in five people who had undergone the counseling aspect of VCT actually went for testing. The FPs highlighted that if they had and knew how to use rapid tests, that most of these lost patients would have been tested. FPs and other health officials in Chernihiv Oblast realized that there must be some criteria for a health facility to be supplied with rapid tests, such as: distance from a Trust Office, a large concentration of drug users or alcohol abusers in the area, the area was once a “singe industry” town that no longer has employment, etc. It should be highlighted that HIV test kits in Chernihiv Oblast are procured at the oblast level from the oblast budget and then distributed to all rayons in Chernihiv Oblast by the Chernihiv AIDS Center. In other oblasts, HIV test kits are procured at rayon levels, and given budget and logistical management constraints that causes difficulties in procuring a sufficient number of tests. It should be noted that the Clinton Foundation is already working in Ukraine with FPs and rapid tests and initial results are encouraging. The Clinton Foundation expressed caution in that if FPs or other PHC personnel do not do an adequate number of rapid tests, they soon lose their skills in actually carrying out the rapid tests with concurrent lessened effectiveness of the test itself.

4.2.4 ROLE OF THE AIDS CENTER AND TRUST OFFICES

To improve the cost-efficiency of the HIV/AIDS response and to optimize HIV/AIDS services in the context of health care reform in the Ukraine, it is proposed to expand the functions of the Chernihiv Oblast AIDS Center. In particular, it is recommended that the AIDS Center:

- Act as a training and mentoring center for PHC-delivered HIV/AIDS care;
- Provide managerial and technical oversight of Trust Offices in the oblast; and
- Strengthen its role as coordinator of NGO-delivered HIV/AIDS activities.

Chernihiv-based interviewees indicated that it would be a good idea to establish an HIV/AIDS training center within the Chernihiv AIDS Center and in collaboration with either the Chernihiv Medical Institute or UFMTC.

The Chernihiv AIDS Center has various types of narrow specialists (therapist, rehabilitation physician (physiatrist”), gynecologist, infectious disease, etc.), but they are not fully employed as their workload is not very high. The Chernihiv AIDS Center reported that quite a lot of HIV-positive patients get their basic (non-ARV related) treatment from their local FPs and if an HIV-positive patient needs to be hospitalized then he is hospitalized at the general territorial hospitals. In Chernihiv Oblast until now all HIV patients who needed ARV treatment received it at the Chernihiv AIDS Center. The Chernihiv AIDS Center is preparing to open an ARV re-filling point in one of the Trust Offices in Preluki City (approximately 200 km from Chernihiv City) to increase access to ARV treatment.

Before revising and expanding the role of the Chernihiv AIDS Center and its relationship with Trust Offices, it is necessary to conduct a detailed analysis of their activities in order to determine their new role and any needed resources in adapting to this new role. Concurrently, a cost-effectiveness analysis of Trust Offices in Chernihiv Oblast is proposed (similar to what was done in Zakarpattia Oblast with the technical assistance of WHO). Based on the results of these studies and within the framework of upcoming hospital-level health care reforms (see Section 4.3 of this report), it is entirely feasible to improve the structure and management of the Trust Offices in Chernihiv Oblasts. The situation of increasing the managerial and technical oversight of Trust Offices by the AIDS Center is complicated by

the fact that half of Oblast Trust Offices are staffed by Infectious Disease specialists who treat more than HIV/AIDS. This points to the need for a more detailed analysis.

4.2.5 INCREASING MOST-AT-RISK POPULATIONS (MARPS) ACCESS TO HIV/AIDS CARE

To improve the likelihood that very high risk persons for HIV transmission, including some intra-venous drug users, are tested, clinically staged (if necessary), and put on and stay on ARVs, it is proposed to pilot in one urban setting a “MARPs friendly” Trust Office. This Trust Office would be considered MARPs friendly because it would be open late at night if warranted, have adequate security for employees, and its employees would undergo specialized MARP sensitivity training. Most importantly, the MARPs-friendly Trust Office would be outreach focused and have a strong referral mechanism from the Trust Office to Chernihiv AIDS Center. This concept was very positively received by Chernihiv health officials interviewed with some discussion on where the Trust Office could be located. A MARPs-friendly Trust Office with oversight from the Chernihiv AIDS Center would go a long way towards making certain that the AIDS Center concentrates more on its enhanced function of making certain that very high risk for transmission persons who are positive enter into treatment.

A list of activities and the main objectives of these activities are presented below in Table 2. For the detailed action plan, please see Annex B.

Table 2. Activities and Stakeholders Under the Service Delivery Component

Objective	Activity	Responsible
Improve access and quality of HIV/AIDS services	Develop and approve a HIV detection and HIV/AIDS patient management algorithm as one document considerin proposed mechanism of FPs involvement in provision of HIV/AIDS services	National/ Oblast
	Review existing long term FP trainings reflecting newly created algorithm	National
	Develop new in-service two-week training on HIV/AIDS programs (including testing with rapid tests) for FPs and nurses	National/ Oblast
	Approve the training work plan of two-week HIV/AIDS in-service training program	National
	Roll out two-week training courses for FPs and nurses in identified sites in Chernihiv Oblast	Oblast
Improve cost-efficiency of HIV/AIDS response	Analyze Chernihiv AIDS Center's activities to determine its new role within the framework of piloting HIV/AIDS reforms	Oblast
	Determine new role of Chernihiv AIDS Center including extension of its functions based on the aforementioned analysis and needed resources	Oblast
	Determine possibility of Chernihiv AIDS Center managing Trust Offices in the Oblast	Oblast
	Approve new regulation and charter of Chernihiv AIDS Center	Oblast
	Establish HIV/AIDS training center based at Chernihiv AIDS Center	Oblast
	Carry out cost-effectiveness analysis of Trust Offices in Chernihiv Oblast	Oblast
	Rationalize Trust Office structures and management	Oblast
Improve HIV positive detection	Pilot one MARPs-friendly Trust Office in one urban setting	Oblast
	Develop referral mechanism (including possible use of incentives) from MARPs-friendly Trust Office to the AIDS Center	Rayon/City

4.3 FINANCING

4.3.1 FINANCIAL INCENTIVES FOR FAMILY PRACTITIONERS

During the HIV/AIDS optimization study, it was recommended to provide financial incentives to FPs in order to motivate them to take more interest in providing HIV/AIDS prevention and basic care services (Cowley & Akkazieva 2012). It should be highlighted that it is not feasible to introduce performance-based PHC practitioner payments in Chernihiv Oblast as they are currently being piloted in four oblasts in Ukraine, in the absence of an Order to be issued at the national level by the MOH. It could take a rather long time to issue a national-level MOH Order. In the short term, in Chernihiv Oblast it is only feasible to provide additional financial incentives for FPs on top of their regular salaries based on norms in Order #308/519 of the MOH and Ministry of Labor and Social Policy in Ukraine, regarding the Formation of Salaries of FPs (dated 05.10.2005). According to this Order, there are several incentives that could be paid to the FPs on top of salaries. This feasibility study proposes two approaches through which FPs in Chernihiv Oblast could receive financial incentives to provide HIV/AIDS related services:

- Revise the list of indicators developed for four pilot PHC health reform oblasts by including HIV related indicators and then implement them in Chernihiv Oblast; or
- Develop only HIV-related indicators and pilot them in Cheriniv Oblast in order to later propose one or two indicators into the existing list of PHC indicators used in health reform areas. (A problem with this approach is that only relying on HIV/AIDS indicators would diminish the impact of incentives since successful HIV/AIDS detection and HIV/AIDS care would not necessarily be a routine event and thus difficult to incentivize.)

4.3.2 FUNDING OF TRUST OFFICES

While revising the role of Trust Offices includes their possible transformation to Chernihiv AIDS Center management (see Sub-section 4.2 of this report), concurrent funding flows need to be changed. The Trust Offices are currently under hospital-level management. Consequently if a hospital is funded by the rayon level, then the Trust Office is funded from the rayon budget; if it is city level from the city budget, etc. Meanwhile, the Chernihiv AIDS Center and any Trust Office managed by an oblast-level hospital are funded by the oblast budget. Based on the newly piloted health reforms, it is planned that all hospitals, irrespective of their level, would be funded from the oblast budget and PHC from rayon or city-level budgets. New and coherent management of Trust Offices in Chernihiv Oblast by the Chernihiv AIDS Center needs to take place in unison with new hospital-level reform funding efforts.

4.3.3 SOCIAL ORDER MECHANISM

Funding for social services in Ukraine mainly comes from international technical assistance and Global Fund Round 9 and 10 grants, USAID, UN agencies and other donors. As donor resources in HIV decrease, the Government may elect to order a full list of social services using national and local budget funds. Ukraine's legislation provides 2 possible mechanisms for this: the social order tendering procedure⁴ and the competition of projects⁵.

Such a competition is essentially an allocation of funding from either national or oblast budgets for a certain topic such as fighting corruption, promoting sports, etc. The competition is announced in the media for NGOs to respond and potentially receive funding for discrete activities. While this mechanism has been used numerous times in the past, it's main faults have been inadequate funding, distrust of local authorities and local governments and difficulties in meeting the onerous administrative requirements such as co-funding percentages, need for separate accountants, audited statements, etc.

According to interviews with different authorities providing social services in Chernihiv Oblast, they have never received funding from the local budget. However, the Department on Provision of Social Services for Youth under the Chernihiv City Mayor's Office reported employing the "competition" mechanism for youth NGOs to carry out different types of social activities such as summer camps, hiking/trips, competitions, lectures on different themes, etc. Normally, small amounts are involved (under 3,000 UAH), which is why it is not worth for the NGO to open an account in the Oblast Treasury for such an amount. The Department makes a contract with the successful NGO where the NGO is obliged to provide an activity (determined in the proposal) and the Department is obliged to directly pay the bills related to this activity. This "competition" is announced once a year and in Chernihiv City, there are, all in all, 50-70,000 UAH awarded every year to successful NGOs. Very little HIV/AIDS education activities have been carried out under this "competition" type of mechanism in Chernihiv City.

It is difficult to ascertain the "appetite" for HIV/AIDS-focused NGOs in Chernihiv Oblast for social order-related budget funds since they probably have never been exposed to one. Nonetheless, they have heard about the "competition" type of mechanism mentioned above.

⁴ Cabinet of Ministers directive #559 (of 04.29.2004) "On approving the Rules for organizing a competition to attract budget funding for social service delivery".

⁵ Cabinet of Ministers directive #1049 (of October 12, 2011) "On approving the Procedure for conducting a competition to select programs (projects, activities) developed by NGOs and creative unions for whose implementation financial support is provided"

In March 2012, the Law of Ukraine “On social services” defined the term “social order” as a “means of regulating social service delivery by contracting economic entities to meet social service needs identified by local executive bodies and local governments”⁶.

When the key differences between a social order and a “competition” were explained to HIV/AIDS focused NGOs (amount of paperwork involved, the use of targets, the need for separate bank accounts, differing administrative needs, etc.), they stated that they would be ready to take part in a competition if there were MARP-focused activities outlined in the social order grant tender. In addition, these NGOs mentioned on numerous occasions how much they trust the Chernihiv Oblast AIDS Center as a “fair partner.” Considering this, Chernihiv Oblast AIDS Center could act as an intermediate agent between NGOs and Chernihiv oblast while implementing social order; for example supervising, monitoring and evaluating of NGOs who implement social orders.

This feasibility study team carried out a working meeting discussion (in Kyiv City) to discuss social order implementation in Ukraine the practice of using budget funds to finance social services in the area of HIV/AIDS activities in Ukraine. The All-Ukrainian Network of PLWH told about its experience of studying and training in social order issues in two cities (Bucha and Skvyra). The use of social order for HIV prevention in these cities was initiated by the All-Ukrainian Network of PLWH and was supported by the city authorities. As a first step, a consultant was hired to conduct a detailed analysis of city-level administered budget funding for social order (in any theme). Based on this analysis, two-day workshops in each city were carried out and facilitated by that consultant. About 15 officials at the city level related to social policy or its provision were trained in each city. The main aim of this workshop was to train officials on all stages of a social order competition that focus on social priorities, including HIV prevention. A consultant facilitates, coordinates, and monitors further work related to social order grants in these cities. This activity was carried out within the framework and with funding from UN Women in 2011.

The Coalition of NGOs Providing HIV Services conducted a detailed analysis of the utilization of budget funding for HIV/AIDS prevention and care services in Odesa, Mykolayiv, and Zaporizhzhya Oblasts. Based on this analysis, various mechanisms were proposed to provide social order-related budget funding for oblast-level NGOs in health and more specifically in the HIV/AIDS arena. The Coalition asserts that it is important to conduct training both for public servants and for NGOs in planning the social order object and competitive procedures. NGOs need information about tenders being offered. Also, to be eligible to participate in a social order competition certain trust needs to be built in government counterparts. These Coalition activities were carried out with support of the USAID-funded HIV/AIDS Service Capacity Project in Ukraine.

To sum up the above, it should be mentioned that to date in Ukraine the social order mechanism to fund HIV prevention activities has been rarely used due to unclear legislation and no funds for this mechanism yet.

A list of activities and the main objectives of these activities under Financing Component are presented below in Table 3. For the detailed action plan, please see Annex B.

⁶ <http://zakon2.rada.gov.ua/laws/show/966-15>, Article 1.

TABLE 3. ACTIVITIES AND STAKEHOLDERS UNDER THE FINANCING COMPONENT

Objective	Activity	Responsible
Improve access and quality of HIV/AIDS services	Determine legal/regulatory barriers to introducing incentives for FPs in Chernihiv Oblast and identify mechanisms to address them	Oblast/Rayon/City
	Develop incentive payment mechanism for FPs to improve PHC and HIV/AIDS, TB detection and treatment	Oblast/Rayon/City
	Develop list of indicators (not only HIV/AIDS-related) based on which FP will be paid incentives; piloting and finalization of indicators	Oblast/Rayon/City
Improve cost-efficiency of HIV/AIDS response	Rationalize funds flow for Trust Offices that are under AIDS Center Management	Oblast
	Approve revised TOR for Trust Offices	National/Oblast
Increase sustainability of HIV/AIDS Response	Carry out round table for government stakeholders to familiarize them with social order grants	National/Oblast
	Carry out trainings on development of HIV/AIDS themes for social order grants	Oblast/City
	Carry out trainings on social order grants for NGOs	Oblast
	Tender and award social order grants	Oblast/City
	Run advocacy campaign to obtain funds from local budgets to introduce social order in the field of HIV/AIDS	Oblast

4.4 MONITORING AND EVALUATION (M&E)

It is critical to develop an M&E framework to assess the effectiveness of any pilot effort to integrate HIV-related services into the broader service delivery system. This framework has five distinct components and they are the following:

- Provision of routine data such as number of people trained, number of rapid tests undertaken, etc.
- Specialized quantitative studies such as increase in numbers of HIV/AIDS patients by PHC, annual increase in number of MARPs on treatment (as result of social order grant or strong management/referral between Trust Offices and the AIDS Center), number HIV positive by number of rapid tests by health center, etc.
- Specialized qualitative studies such as changes in Knowledge, Attitudes and Practice of FPs pre and post taking care of HIV patients, changes in quality of care measures pre and post-incentives, etc.
- Cost efficiency studies. Studies to answer the question of what is overall cost reduction (if any) by AIDS Center sharing some of its basic HIV/AIDS care burden with PHC.
- "Verifying" monitoring to check in results from incentive list payments to make sure they are non-fraudulent.

Under this framework, analyses that might be considered include a system for verifying achievement of results by FPs in pilot facilities against indicators upon which incentive payments are based (see Section 4.3), as well as studies on the quantitative and qualitative impact of incentives and "service delivery" types of activities that will be piloted.

TABLE 4. ACTIVITIES AND STAKEHOLDERS UNDER THE M&E COMPONENT

Objective	Activity	Responsible
Improve access to and quality of HIV/AIDS services	Develop M&E system and define indicators to assess the impact of activities identified within the pilot including operational research (baseline, follow-up, evaluation, etc.)	Oblast
	Measure impact of “service delivery” activities	Oblast
	Develop system for verifying achievement of results against which incentives will be paid	Oblast/Rayon/ City
	Conduct impact analysis of pay-for-performance or incentives system (surveys such as case-control studies, etc.)	Oblast

5. NEXT STEPS

Based on the desk review and interviews it is feasible to create an enabling environment in Chernihiv Oblast for implementing a pilot test of needed HIV/AIDS program optimization. This pilot test could concentrate on making certain that certain HIV/AIDS services can be delivered thru the PHC system and therefore overall increasing the cost-efficiency and overall sustainability of the HIV/AIDS response. The basic tenants of a pilot test would be the following:

- Enhancing the role of PHC staff in detecting HIV and treating routine ailments in HIV infected persons
- The AIDS Center strengthen its managerial and technical guidance of Trust Offices
- The AIDS Center provide training to PHC and Trust Office staff in HIV/AIDS care and detection
- The AIDS Center focus efforts on getting more very high risk persons for transmission on anti-retrovirals.

Because there was good overall receptivity to the draft action plan, the first step recommended to pilot an Optimization of HIV/AIDS Service Program in Chernihiv Oblast is to develop an appropriate legal and regulatory base. Given the level of decentralization within the health system in Ukraine, this could be accomplished at the oblast level with the Chernihiv Oblast Administration and the Chernihiv AIDS Center. Second, pilot sites need to be identified. The Health Department of Chernihiv Oblast Administration and the Chernihiv AIDS Center have proposed two pilot scenarios for consideration:

1. **Scenario A** –cover the entire oblast which would entail training approximately 1,200 medical personnel.
2. **Scenario B** – train approximately 100 medical personnel in the following pilot settings in Chernihiv oblast:
 - urban areas: Chernihiv City (two City Hospitals) and Nejin City (one City Hospital)
 - rural area: Chernihiv Rayon (one Rayon Hospital)

TABLE 5. ESTIMATES OF COSTS OF PILOT SCENARIOS

	Scenario A	Scenario B
FPs + Districts doctors	199+201=400	44
Nurses	800	56
To be trained	1200	100
Algorithm Development (including international technical assistance)	\$50,000	\$50,000
M & E Special Study Design	\$50,000	\$50,000
Legal/Regulatory Work (roundtables, workshops, legal fees)	\$40,000	\$40,000
Social Order Grant	\$25,000	\$25,000
Cost of training (per diem, hotel, materials, etc.)	\$600,000	\$50,000
Annual Incentives	\$950,000	\$90,000
Rapid Tests	\$120,000	\$15,000
TOTAL	\$1,835,000	\$320,000

The following next steps are proposed:

- Continue to modify action plan in response to stakeholder review;
- Carry out a detailed costing of modified action plan; and
- Identify funding sources.

In conclusion, it is feasible to create an enabling environment in Chernihiv Oblast for implementing a pilot test of needed HIV/AIDS program optimization. This pilot test could concentrate on making certain that the above-specified HIV/AIDS services can be delivered through the PHC system. The end result could be an increase in the overall cost-efficiency and sustainability of the HIV/AIDS response, while ensuring access to care. In particular, this feasibility study points to the probable good uptake of the Chernihiv Oblast AIDS Center to expand responsibilities to include mentoring and oversight of the PHC and Trust Office-based HIV/AIDS efforts. The following draft action plan has been vetted and well-received by key stakeholders, and the estimated costs of a pilot do not appear to be insurmountable

ANNEX A: FEASIBILITY STUDY FRAMEWORK

No.	Priorities	Level	Relation to health systems blocks	Questions	Authorities and other to discuss	Comments
1	Address legislative issues related to transferring information on HIV status for clinical purposes	National	Stewardship/ Legislation	<ol style="list-style-type: none"> 1. What needs to do to make HIV records more freely available to different health providers (Trust Offices + PHC/Polyclinics) with the patients consent? 2. Who is responsible to make any changes, MOH? 3. What legislation needs to be changed? 4. Is there a “standard” patient’s consent form for HIV testing? 5.1 If yes, what modifications need to be made to it so patient’s test results can be shared with non-Trust Office and non-AIDS Center facilities? 	<p>Family Doctors Association</p> <p>Futures Group</p>	To make HIV status records more freely available to different health providers (Trust Offices + PHC/Polyclinics) with the patients consent
2	Guidelines for HIV/AIDS patient management by level should be developed with enough flexibility for regional variations	Oblast	Service Delivery	<ol style="list-style-type: none"> 1. Do you think that development of patient management guidelines including algorithms to allow for HIV patients to be seen for non-ARV related care at PHC centers would assist FP/doctors to take care of HIV patients? 2. What are the main points/issues should it include? 3. What is the procedure of this development and approval (<i>should it be approved by Oblast administration so that it will be taken in force</i>)? 3.1. Should there be a task group to do this and who should be on task group? 	<p>Oblast Administration</p> <p>Health department</p>	To develop patient management guidelines including algorithms that are more flexible to allow for HIV patients to be seen for non-ARV related care at PHC centers

				<p>4. Who should be responsible for this?</p> <p>5. In your opinion what are the challenges/barriers to develop, approve and institutionalize?</p> <p>6. Would you be interested in development of it? <i>(for polyclinics in Chernihiv City)</i></p> <p>7. Would there have to be national level "sign off"?</p>		
3	Build the capacity of primary care level to address prevention and basic HIV/AIDS care	National Oblast	Service Delivery	<p>1. Please could you tell us about HIV/AIDS short-term trainings for Family Doctors? <i>(i.e. what it includes, how long is training, who pays for trainings, is HIV training only for reform oblasts)</i></p> <p>2. What exactly does the current curriculum include in terms of HIV/AIDS topics and how long it last (one/two sessions/modules)?</p> <p>3. Are there any plans to provide FPs/GPs with HIV/AIDS training (note: only for Chernihiv oblast)?</p> <p>4. If not, then what should be done to have more HIV/AIDS trainings? (i.e., how can we work with Oblast to have them petition for FPs firstly and secondly to have their PHC doctors get HIV/AIDS training?)</p>	<p>Centers for Disease Control</p> <p>Family Doctors Association</p> <p>Oblast Administration, Health Department</p> <p>Polyclinic and Trust Office in Chernihiv City</p> <p>Polyclinic and Trust Office in rural setting</p>	To have more HIV/AIDS trainings for FPs/PHC doctors

4	Investigate alternative ways to procure at the oblast level testing and diagnostics materials	Oblast Rayon	Service Delivery	<ol style="list-style-type: none"> 1. Would you (Oblast/ Rayon) be interested in having the AIDS Center procure HIV test kits on behalf of the rayon (with rayon reimbursing) for PHC facilities to use after their physicians have been trained? 2. In your opinion, what are the challenges/barriers one may face in doing this? 	<p>Oblast Administration Health Department</p> <p>Chernihiv Oblast AIDS Center</p> <p>Polyclinic and Trust Office in Chernihiv City</p> <p>Polyclinic and Trust Office in rural setting</p>	To have Oblast level assist in procuring HIV test kits for non-AIDS Center facilities such as PHC sites
5	PHC performance incentives (incl. HIV/AIDS indicators)	Oblast Rayon	Service delivery, Financing, M&E	<ol style="list-style-type: none"> 1. Are there any incentives being paid now for any health providers? 2. Would you (oblast administration) be interested in paying for incentives similar to what is being done in health reform areas? 3. What is the procedure to do this? What needs to be done? How long it will take? Who should approve it? 4. Would any rayon be interested in paying for incentives? 5. In your opinion, what are the challenges/barriers one may face in doing this? 6. What HIV/AIDS indicators should be included for PHC performance incentives? 7. Who would determine what indicators should be included, a task group? 8. Would there have to be national level "sign off"? 	<p>Oblast Administration – Health and Social Departments</p> <p>Rayon Administration (in case it is Rayon that is paying for PHC)</p> <p>Chernihiv Oblast AIDS Center</p>	To determine if oblast and if any rayon would be interested in PHC performance incentives and who could pay these incentives?
6	Enhanced role of AIDS Centers (manage Trust	Oblast	Service Delivery	<ol style="list-style-type: none"> 1. Please could you provide more details about the role of your center? 	Chernihiv Oblast AIDS Center	To determine interest of AIDS Center to have an enhanced role of not only

Offices)			<ol style="list-style-type: none"> 2. What do you think if your role would be enhanced by making you more like mentors to PHC and the NGO community in HIV/AIDS issues? (trainings/coaching, supervision/guiding FPs and NGOs etc.)? Would you be interested in this? 3. What is the procedure to do this, how long will it take, who should be involved in this, how to approve it? 4. Would you be interested in managing Trust Offices? 5. What sort of staffing needs would you have for this new and improved role? 6. Who should pay for the new staffing? Would oblast pay? 7. Would any rayon help to pay since the AIDS Center would be assisting and overseeing HIV activities taking place at PHC level which is of interest to rayon? 	Chernihiv Oblast Administration, Finance and Health Departments	providing AIDS care but also act as a mentor and organizer of a Trust Office and PHC Center based response
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7	Leverage social order grants, Social Services and NGOs for outreach services	Oblast	Financing	<p>Oblast Administration, Finance and health/social department</p> <ol style="list-style-type: none"> 1. Do you have social order grants at all? 2. Please could you give us more details about it, what is the procedure, who gets these grants, etc. 3. Does the funding come from oblast level budget? What is the average size of social grants? 4. Does the health/social service department involved into developing social grants' topics? If yes, then how? 5. Do you have social order grants for HIV/AIDS related topics? What are the topics? Who did get it (i.e. what kind of NGOs)? 6. If not a special HIV/AIDS topics, would you be interested in developing such topic? 7. What is needed for this? Do you want if health/social department would be involved into topic's development? Is there any national level approval that needs to be sought even though grant is oblast funded. 8. What are the challenges/barriers could be faced with social grants? <p><u>NGOs:</u></p> <ol style="list-style-type: none"> 1. Do you have any interest in entering into social order grant (Oblast level money) for HIV/AIDS activities? 2. What do you need for this to happen? 3. How would you like to collaborate with Oblast administration? 4. In which HIV/AIDS area? 	<ol style="list-style-type: none"> 1. Chernihiv Oblast Administration, Finance Department 2. HIV/AIDS NGOs active in Chernihiv OblastL "Vozrozhdenie Natsii", Chernihiv PLWH Network, "Peremoga" and a representative from the Red Cross. 3. All-Ukrainian Network of PLWH based in Kyiv 	Investigate as to the feasibility of Social Order grants being used for HIV/AIDS activities
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				<p>5. What are the challenges/barriers that could be faced while receiving social grants?</p> <p><u>All-Ukrainian Network of PLWH:</u></p> <p>1. Please could you share with us your experience in social order grants?</p> <p>2. What are the challenges/barriers you faced?</p>		
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ANNEX B: DRAFT ACTION PLAN

Component	Objective	Activity	Level of responsibility	Responsibility	Timeline	Direct Output of activity
Legislation	Improve cost-efficiency of HIV/AIDS response	Prepare legislative base to pilot optimization of HIV/AIDS services in Chernihiv Oblast within the context of new health reforms in Ukraine	Oblast	Chernihiv Oblast AIDS Center	2012	MOU
		Identify and approve pilot sites in urban and rural settings	Oblast	Health Department of Chernihiv Oblast Administration, Chernihiv AIDS Center	2012	List of pilot sites
Stewardship	Improve HIV positive detection	Develop IEC materials for HIV consent form that allows results to be shared with FPs who carry out PITC for medical reasons	Oblast	Working group on HIV-related C&T under the State Service of Ukraine of Social Diseases (to revise the PITC protocol)	Early, 2013	IEC materials on HIV consent
Stewardship	Improve access and quality of HIV/AIDS services	Review and approve the qualification/skills criteria/job description of FPs to include HIV-related prevention and basic care	National and Oblast	Family Practitioners Association (Kiev), Ukrainian AIDS Center Health administration of Chernihiv Oblast Administration, Chernihiv Oblast AIDS Center , Chief Family Practitioners (Chernihiv Oblast)	2012	MOH Order on revision of FPs' qualification/skills criteria/job description
Service Delivery	Improve access and quality of HIV/AIDS services	Develop and approve HIV detection and HIV/AIDS patient management algorithms	National/Oblast	Family Practitioners Association (Kiev), Post graduate training centers (possibly Bogomolets or Shupic), Health administration of Chernihiv Oblast Administration, Chernihiv AIDS Center, Chief Family Practitioners (Chernihiv Oblast), National Training Center on ARV treatment (Lavra)	2012	HIV/AIDS testing and patient management algorithms

		Review existing long term FP trainings reflecting newly created algorithms	National	Family Practitioners Association (Kiev), Ukrainian AIDS Center	2013	Recommendations for pre-service FP HIV training
		Develop new in-service two-week training on HIV/AIDS programs (incl. testing with express test) for FPs and nurses	National/Oblast	Family Practitioners Association (Kiev), Post graduate training centers (possibly Bogomolets or Shupic), Health administration of Chernihiv Oblast Administration, Chernihiv AIDS Center, Chief Family Practitioners (Chernihiv Oblast), National Training Center on ARV treatment (Lavra)	2013	2 weeks module on HIV/AIDS for FP incl. Agenda
		Approve the training workplan of two-week HIV/AIDS in-service training program	National	Post graduate training centers (possibly Bogomolets or Shupic)	2012-2013	Approved training workplan
		Roll out two-week training courses for FP and nurses for identified sites in Chernihiv Oblast	Oblast	Health Department of Chernihiv Administration and Chernihiv AIDS Center	2013-2014	# of trained FPs
Service Delivery	Improve cost-efficiency of HIV/AIDS response	Analyze Chernihiv AIDS Center's activities to determine its new role within the framework of piloting AIDS reforms	Oblast	Chernihiv AIDS Center	2012	Report with recommendations
		Determine new role of Chernihiv AIDS Center including extension of its functions based on the above mentioned analysis and needed resources	Oblast	Chernihiv AIDS Center	2013	Draft of revised TOR and charter of Chernihiv Oblast AIDS Center
		Determine possibility of Chernihiv AIDS Center managing Trust Offices in Oblast	Oblast	Chernihiv AIDS Center, Other social departments at oblast and city levels	2013	As immediately above

		Approve new TOR and charter of Chernihiv Oblast AIDS Center	Oblast	Chernihiv Oblast Rada	2013	Approved revised regulation and charter of AIDS Center
		Establish HIV/AIDS training center based at Chernihiv AIDS Center	Oblast	Chernihiv AIDS Center, Post graduate training centers (eitehr Bogomolez or Shupik??), Medical college in Chernihiv	2013	Legislative documents incl. MOU with Chernihiv Medical Colleage and Advanced Training Center of Bogomolez, facility for training center, trainers etc.
		Carry out cost-effectiveness analysis of Trust Offices in Chernihiv oblast	Oblast	Chernihiv AIDS Center	2013	Analytical report with recommendatio ns
		Rationalize Trust Office structures and management	Oblast	Chernihiv AIDS Center, Oblast Health Administration	2013	Approved revised TOR and charter of Trust offices
Service Delivery	Improve HIV positive detection	Pilot one MARPs-friendly Trust Office in one urban setting	Oblast	Chernihiv AIDS Center	2013	Operational MARPs frienly Trust Office
		Improve referral mechanism (including possible use of incentives) from MARPs-friendly Trust Office to AIDS Center	Rayon/City	Chernihiv AIDS Center, Trust office in piloting city	2013	Document outlining improved rerral system from MARP Friendly Trust office to AIDS Center
Financing	Improve access and quality of HIV/AIDS services	Determine legal/regulatory barriers to introducing incentives for FP in Chernihiv Oblast and mechanisms to address them	Oblast/Rayon/ City	Health Department of Chernihiv Administration, Rayon and City Hospitals, pilot sites	2012	A list of relevant obstructions and how to overcome them

		Develop incentive payment mechanism for FPs to improve PHC and HIV/AIDS, TB detection and treatment	Oblast/Rayon/City	Health Department of Chernihiv Administration, Rayon and City Hospitals, Pilot sites, Chernihiv AIDS Center	2013	Approval of mechanism by Oblast Rada
		Develop list of indicators (incl. not only HIV/AIDS related) based on which FP will be paid incentives; piloting and finalized indicators	Oblast/Rayon/City	Health Department of Chernihiv Administration, Rayon and City Hospitals, Pilot sites, Chernihiv AIDS Center	2013	Final list of indicators and as shown immediately above
Financing	Improve cost-efficiency of HIV/AIDS response	Rationalize funds flow for Trust Offices that are under AIDS Center management	Oblast	Chernihiv Rada	2013	Order or any other regulatory document
		Approve revised TOR for Trust Offices	Oblast	Chernihiv Rada	2013	Approved revised TOR and charter of Trust offices
Financing	Increase sustainability of HIV/AIDS Response	Carry out round table for government stakeholders to familiarize them with social order grants	National/Oblast	Ministry of Social Affairs, PLWAH Network and Coalition of NGOs providing HIV services	2012	# of state officials and NGOs who participated
		Carry out trainings on development of HIV/AIDS themes for social order grants	Oblast/City	PLWAH Network and Coalition of NGOs providing HIV services	2013	# of officials trained
		Carry out trainings on social order grants for NGOs	Oblast	PLWAH Network and Coalition of NGOs providing HIV services	2014	# of NGOs trained
		Tender HIV/AIDS related social order grants and award social order grants	Oblast/City	Chernihiv Rada, Oblast Administration	2014	Awarded Social Order Grant
M&E	Improve access to and quality of HIV/AIDS services	Develop M&E system and define indicators to assess the impact of activities identified within the pilot including operational research (baseline, follow-up, evaluation, etc.)	Oblast	Chernihiv AIDS Center	2012	List of indicators and operational research topics

		Measure impact of above mentioned "service delivery" activities	Oblast	Chernihiv AIDS Center	2012-2014	Technical and analytical reports
		Develop system for verifying achievement of results against which incentives will be paid	Oblast/Rayon/ City	Health Department of Chernihiv Administration, Rayon and City Hospitals, Pilot sites, Chernihiv AIDS Center	2013	Document describing how to verify incentive results
		Conduct impact analysis of pay-for-performance or incentive system (surveys such as case-control studies, etc.)	Oblast	Chernihiv AIDS Center	2014	Report of impact analysis

ANNEX C: LIST OF PERSONS CONTACTED

#	Names	Positions
1	Tatyana Alexandrina	Head, State Services on HIV, TB and other social dangerous diseases
2	Natalia Nizova	Director, Ukrainian AIDS Center, Ministry of Health of Ukraine
3	Larysa Matiukha,	Chair of Family Doctors' Association (Kiev city)
4	Olha Vysotska	Dean of the Department for continued education of Family Practitioners, Ukrainian Family Medicine Training Center (UFMTC) under National Medical University named after O. Bohomolets
5	Olha Tsviliy	Coalition of HIV Service Organizations
6	Olga Gvozdetzka	Director, Programme Department, All-Ukrainian Network of PLWH
7	Anjela Skopenko	Head, Curative Unit, All-Ukrainian Network of PLWH
8	Mikola Deykun	Head/Chief Doctor, Chernihiv Oblast AIDS Center
9	Nina Tovchyha	Deputy Head/Chief Doctor, Chernihiv Oblast AIDS Center
10	Halyna Vasytkova	Head of the Healthcare Department, Chenihiv Oblast Adminsitration
11	Oksana Serduk	Labour and Social Security Department, Chenihiv Oblast Adminsitration
12	Viacheslav Holub	Chernihiv City Department on Provision of Services for Youth
13	Halyna Lysenko	Manager of Unit for treatment and prevention under Healthcare Department, Chenihiv Oblast Adminsitration
14	Barbara Syvatkina	Senior Specialist on Family Medicine of the Healthcare Department, Chenihiv Oblast Adminsitration
15	Andryi Rudchenko	Specialist, Chenihiv Oblast Center of social services for family, children and youth
16	Yuriy Hrytsenko	Senior Specialist of the Main Financial Department, Chenihiv Oblast Adminsitration
17	Nina Seraya	Deputy Chief Doctor, City Hospital # 1
18	Valentyna Vamush	Manager of Therapy Department, Family Practitioners, City Hospital # 1
19	Liudmyla Proh	Deputy Chief Doctor, City Hospital # 4
20	B. Syvatkina	Manager of Therapy Department, Family Practitioners, City Hospital # 4
21	Viktor Kunitsa	Deputy Chief Doctor, Chernihivskiy Raion Central Hospital
22	Family Practitioner	Family Practitioners Ambulatory, I Rayon Hospital, Sednev village,
23	Family Practitioner	Family Practitioners Ambulatory, I Rayon Hospital, Staryi Belovoz villages
24	Volodymyr Levkovskiy	Chief Doctor, Nizhyn Central City Hospital, Family Practitioners
25	6 Family Practitioners	Family Practitioners Ambulatory#1 and 6, Nizhyn Central City Hospital, Family Practitioners
26	Nina Kononenko -	Director, "Vozrozhdenie Natsii" (Nation Renaissance)
27	Anjela Moiseenko	Board Chair, Oblast Branch of the All - Ukrainian PLHIV Network,
28	Oleksandr. Zhovner	Director, Center for spiritual, social and psychological rehabilitation "Peremoha" (Victory)

29	Oksana Rubets	Head of organization, Oblast organization of the Red Cross Society
30	Paola Pavlenko	Senior HIV/AIDS Advisor, Office of Health and Social Transition, USAID/Ukraine
31	Ihor Perehinets	National Professional Officer, Communicable Diseases, WHO CO Ukraine
32	Tatyana Rastrigina	Senior Project Management Specialist, USAID/Ukraine
33	Irina Grishaeva	Clinton Foundation
34	Konstantyn Dumchev	M&E specialist, CDC
35	Andriy Huk	Chief of Party, USAID's HIV/AIDS Service Capacity Project

ANNEX D: BIBLIOGRAPHY

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